



Phone: 630.904.7871  
 Fax: 630.904.7873  
 PO Box 637: New Lenox, IL 60451  
 www.fogartyconcrete.com

## Application for Employment W-4 Form

<b>APPLICANT INFORMATION</b>									
First Name	Last Name	M.I.	Date						
Street Address			Apartment/Unit #						
City	State		ZIP						
Phone	Alternate Phone								
Birthdate	Social Security No.		Trade <input type="checkbox"/> Laborer <input type="checkbox"/> Carpenter <input type="checkbox"/> Finisher						
Union Local #	Area/Location #		Current on Dues?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Driver's License Number	#		Do you have dependable transportation?		Yes <input type="checkbox"/> No <input type="checkbox"/>				
Position Applied for <input type="checkbox"/> Foundation <input type="checkbox"/> Flatwork <input type="checkbox"/> Foreman <input type="checkbox"/> Driver <input type="checkbox"/> Yard <input type="checkbox"/>									
If applying for a Driver position, do you have a CDL? Yes <input type="checkbox"/> No <input type="checkbox"/> Air Brake Endorsement? Yes <input type="checkbox"/> No <input type="checkbox"/>									
Are you a citizen of the United States?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.?		Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, when?					
Have you ever been convicted of a felony?		Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, explain					
If you are hired by Fogarty Concrete, this will become your W-4 Form. How would you like your taxes withheld?									
State Married <input type="checkbox"/> Single <input type="checkbox"/>		Number of Exemptions # ___ Enter Number							
Federal Married <input type="checkbox"/> Single <input type="checkbox"/>		Number of Exemptions # ___ Enter Number							
Who should we contact in case of an emergency?		Name:			Relationship:		Phone Number:		
***Please provide a copy of your Union Card, Driver's License or ID, Social Security Card, and OSHA Certifications***									
<b>WORK EXPERIENCE</b>									
Footings	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walls	Yes <input type="checkbox"/> No <input type="checkbox"/>	Vibrator	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Wood Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Aluminum Forms	Yes <input type="checkbox"/> No <input type="checkbox"/>	Basement Slabs	Yes <input type="checkbox"/> No <input type="checkbox"/>				
House Slabs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Garage Slabs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Walks	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Pavement	Yes <input type="checkbox"/> No <input type="checkbox"/>	Curbs	Yes <input type="checkbox"/> No <input type="checkbox"/>	Troweling Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Read Blueprints	Yes <input type="checkbox"/> No <input type="checkbox"/>	Layout	Yes <input type="checkbox"/> No <input type="checkbox"/>	Run a Skidsteer	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>	Concrete Saw	Yes <input type="checkbox"/> No <input type="checkbox"/>	Compressor/Jackhammer	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Rotary Hammer	Yes <input type="checkbox"/> No <input type="checkbox"/>	Generator	Yes <input type="checkbox"/> No <input type="checkbox"/>	Concrete Buggy	Yes <input type="checkbox"/> No <input type="checkbox"/>				
Please provide any additional skills or experience that may be helpful:									
<b>REFERENCES – PLEASE LIST THE MOST RECENT COMPANIES THAT YOU HAVE WORKED FOR:</b>									
Company Name, Foreman, Contact Info					Foundations or Flatwork				

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*\*\*It is your responsibility to inform the office if there is a change of address.\*\*\*